| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | J. A. | J. C844 947 | 10/25/01 |
| RESPONSE FORMALITY REVIEW | T2 | | 03/08/02 |

## INDEX OF CLAIMS

| | | |
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| ✔ .................................. Rejected | N ................................. Non-elected |
| = .................................. Allowed | I ................................. Interference |
| − (Through numeral)... Canceled | A ................................. Appeal |
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| Claim Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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